

**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-1693

**Part I General Information**

1 Name of organization <i>Tommy GRIPPA for Leon County Commission</i>		Employer identification number <i>Applied for 7/31/00</i> <i>59-3660834</i>
2 Mailing address (P.O. Box or number, street, and room or suite number) <i>PMB 107 2910 Kerry Forest Parkway D-4</i> City or town, state, and ZIP code <i>Tallahassee, FL 32308</i>		
3 E-mail address of organization <i>atgrippa@yahoo.com</i>		
4a Name of custodian of records	4b Custodian's address	
5a Name of contact person <i>Jeffrey S. Howell, Attorney at Law</i>		
5b Contact person's address <i>215 S. Monroe Street, Suite 802</i> <i>Tallahassee, FL 32301</i>		
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		

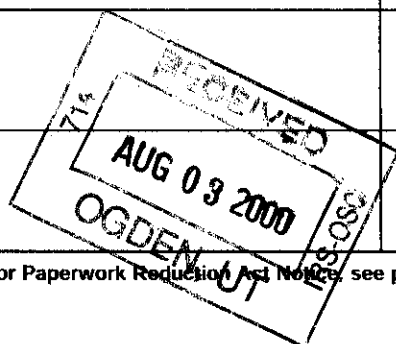
City or town, state, and ZIP code

**Part II Purpose**

7 Describe the purpose of the organization

*Campaign to elect Tommy Grappa to Leon County Commission***Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address



[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

Date \_\_\_\_\_



THE PHIPPS FIRM  
ATTORNEYS AT LAW

215 S. MONROE STREET, SUITE 802  
TALLAHASSEE, FLORIDA 32301  
(850) 222-7000  
FAX (850) 681-3998

Jeffrey S. Howell

31 July 2000

Internal Revenue Service Center  
Ogden, UT 84201

**Re: Filing of Form 8871 for Tony Grippa for Leon  
County Campaign.**

TO WHOM IT MAY CONCERN:

I am filing Form 8871 on behalf of the Tony Grippa for Leon County  
Commission campaign.

My office has filed the appropriate application for an EIN number and I am  
enclosing a copy of Forms SS-4, 2848 , and 8821 as evidence that these items have been  
filed

Should you have any questions or require additional information, please do not  
hesitate contacting me.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey S. Howell", written over a horizontal line.

Jeffrey S. Howell

Enclosures



THE PHIPPS FIRM  
ATTORNEYS AT LAW

215 S. MONROE STREET, SUITE 802  
TALLAHASSEE, FLORIDA 32301  
(850) 222-7000  
FAX (850) 681-3998

Jeffrey S. Howell

Via Facsimile Transmission 678-530-6156

31 July 2000

Internal Revenue Service  
ATTN: Entity Control  
Atlanta, GA 39901

**Re: URGENT Request for EIN for Tony Grippa for  
Leon County Campaign.**

TO WHOM IT MAY CONCERN:

As attorney for the Tony Grippa for Leon County Commission campaign, I am required to file Form 8871 which requires an EIN by the end of this business day.

According to Page 2 of the Instructions for Form SS-4 "You can get an EIN **immediately** by calling the Tele-TIN number for the service center for your state." Your Tele-TIN number, 770-455-2360, indicates that "all lines are busy" and then cuts off the caller. Enclosed with this fax transmission I have included: (a) completed Form SS-4; (b) Form 2848 Power of Attorney; and (c) Form 8821 Tax Information Authorization.

**By this letter I respectfully request that your office immediately issue the appropriate EIN so that my office can file Form 8871 timely.** Should you have any questions or require additional information, please do not hesitate contacting me.

Thank you for your cooperation.

Sincerely,



Jeffrey S. Howell

Enclosures

Part I

Power of Attorney (Please type or print.)

1

Taxpayer information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address <i>TONY GRIPPA for Leon County Commission PMB 107, 2910 Kerry Forest Parkway D-4 Tallahassee, FL 32308</i>	Social security number(s) _____	Employer identification number _____
	Daytime telephone number <i>850-321-8770</i>	Plan number (if applicable) _____

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2

Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address <i>Jeffrey S. Howell, Attorney 215 South Monroe Street, Suite 802 Tallahassee, FL 32301</i>	CAF No. _____ Telephone No. <i>850-222-7000</i> Fax No. <i>850-621-3998</i> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3

Tax matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
<i>Income, Employment</i>	<i>1040, 941, 720</i>	<i>2000-2004</i>
<i>Employer Identification Numbers</i>		

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4—Specific uses not recorded on CAF.) ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5—Acts authorized).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: *Filing for Employer Identification Numbers and Form 8871 and all matters relating to political campaign.*



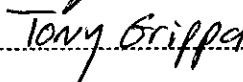
Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ► \_\_\_\_\_

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.
- a** If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☐
- b** If you also want the second representative listed to receive a copy of such notices and communications, check this box ☐
- c** If you do not want any notices or communications sent to your representative(s), check this box ☒
- 8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here. ☐  
**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 9 Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- ▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

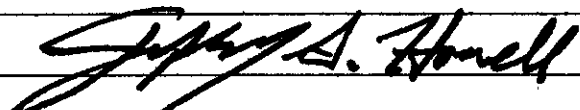
 _____ Signature	 _____ Date	_____ Title (if applicable)
 _____ Print Name		
_____ Signature	_____ Date	_____ Title (if applicable)
_____ Print Name		

## Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d** Officer—a bona fide officer of the taxpayer's organization.
  - e** Full-Time Employee—a full-time employee of the taxpayer.
  - f** Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
  - h** Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**

Designation—Insert above letter (a–h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
a	Florida Bar # 0793840		7/28/00

**1 Taxpayer information.**  
Taxpayer name(s) and address (please type or print)  
**TOM Grippa Campaign for Leon County  
Commissioner  
PMB 107 2910 Kerry Forest Parkway D-4  
Tallahassee, FL 32308**

Social security number(s)  
\_\_\_\_\_  
Daytime telephone number  
**(850) 321-8770**

Employer identification number  
\_\_\_\_\_  
Plan number (if applicable)  
\_\_\_\_\_

**2 Appointee.**  
Name and address (please type or print)  
**Jeffrey S. Howell, Attorney  
215 South Monroe Street, Suite 802  
Tallahassee, FL 32301**

CAF No. \_\_\_\_\_  
Telephone No. **(850) 222-7000**  
Fax No. **(850) 681-3998**  
Check if new: Address ☐ Telephone No. ☐

**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line.

(a) Type of Tax (Income, Employment, Excise, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters (see instr.)
<b>Income, Employment</b>		<b>2000-<del>2001</del></b>	<b>EIN Numbers</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. (See the instructions on page 2.) ☐  
If you checked this box, skip lines 5 and 6.

**5 Disclosure of tax information** (you must check the box on line 5a or b unless the box on line 4 is checked):  
a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☒  
b If you do not want any copies of notices or communications sent to your appointee, check this box ☐

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed above on line 3 unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you MUST attach a copy of any authorizations you want to remain in effect AND check this box ☐  
To revoke this tax information authorization, see the instructions on page 2.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

**Tomy Grippa**  
\_\_\_\_\_  
Signature  
**TOMY GRIPPA**  
\_\_\_\_\_  
Print Name

**7/28/00**  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Title (if applicable)

**General Instructions**  
Section references are to the Internal Revenue Code unless otherwise noted.  
**Purpose of form.** Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on this form. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on the form.  
Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use **Form 2848, Power of Attorney and Declaration of Representative**.

Use **Form 56, Notice Concerning Fiduciary Relationship**, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.  
**Taxpayer identification numbers (TINs).** TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

Form <b>SS-4</b> (Rev. April 2000) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ► Keep a copy for your records.		EIN  OMB No. 1545-0003	
1 Name of applicant (legal name) (see instructions) <b>TONY GRIPPA for LEON County Commission</b>					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a Mailing address (street address) (room, apt., or suite no.) <b>PMB 107 2910 Kerry Forest Parkway D-4</b>			5a Business address (if different from address on lines 4a and 4b)		
4b City, state, and ZIP code <b>Tallahassee, FL 32308</b>			5b City, state, and ZIP code		
6 County and state where principal business is located <b>Leon County, Florida</b>					
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <b>TONY GRIPPA</b>					
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.					
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard <input type="checkbox"/> Other corporation (specify) ► <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Trust <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ► <b>Political Organization</b> (enter EIN if applicable) <input type="checkbox"/> Other (specify) ►					
8b If a corporation, name the state or foreign country (if applicable) where incorporated			State		Foreign country
9 Reason for applying (Check only one box.) (see instructions) <input type="checkbox"/> Started new business (specify type) ► <input type="checkbox"/> Banking purpose (specify purpose) ► <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input checked="" type="checkbox"/> Other (specify) ► <b>For Section 527 status</b> <input type="checkbox"/> Created a pension plan (specify type) ►					
10 Date business started or acquired (month, day, year) (see instructions) <b>July 1, 2000</b>			11 Closing month of accounting year (see instructions) <b>December</b>		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► <b>July 15, 2000</b>					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►			Nonagricultural <b>3</b>	Agricultural	Household
14 Principal activity (see instructions) ► <b>Political Campaign</b>					
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►					
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►					
17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.					
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►					
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (Please type or print clearly.) ► <b>Jeffrey S. Howell, Attorney at Law</b>				Business telephone number (include area code) <b>(850) 222-7000</b> Fax telephone number (include area code) <b>(850) 681-3998</b>	
Signature <b>Jeffrey S. Howell</b>				Date ► <b>7/28/00</b>	
Note: Do not write below this line. For official use only.					
Please leave blank ►		Geo.	Ind.	Class	Size Reason for applying